**Licensed Therapists** 

	Local	Licensed Therapists	Max Alwd	Max	National		MOD	MOD	I	Max Alwd	Max
Prgm	Code	Local Code Description	Amt	Units		MOD 1	2	3	National Code Description	Amt	Units
Prgiii	Code	FAMILY THERAPY W/CHILD BY	AIII	Ullits	Code	INIOD I		-	National Code Description	Aiiit	Ullits
		LICENSED PSYCHOLOGIST INCLUDING							FAMILY PSYCHOTHERAPY (WITH THE		
MDC015	V0007	REPORTS	\$90.00	13	90847	HP			PATIENT PRESENT)	\$90.00	2
MDC013	70097	ITEL OITIS	φ90.00	13	90047	ПЕ			I ATIENT I NESENT)	φ90.00	
		FAMILY THERAPY W/ CHILD BY									
		MASTER"S LEVEL LICENSED CLINICIAN							BEHAVIORAL HEALTH COUNSELING AND		
MDCO1E	Vanna	INCLUDING REPORTS 45-60 MINUTES	Ф <b>7</b> Е 00	10	110004	НО	HR		THERAPY, PER 15 MINUTES	010.7E	
MDC015	70096		\$75.00	13	H0004	пО	пп		THENAFT, FER 13 WIINUTES	\$18.75	8
		CHILD MENTAL HEALTH									
		COUNSELOR/MARRIAGE AND FAMILY									
MDOOME	V0000	THERAPIST-INDIVIDUAL - MINIMUM 15-	<b>#00.00</b>	0					To Do Elizabetad		
MDC015	X0099	20 MINUTE VISIT	\$22.00	3					To Be Eliminated		
		FAMILY THERAPY W/O CHILD BY							DELIAN/IODAL LIEALTH COUNCELING AND		
	V0400	MASTER'S LEVEL LICENSED	<b>#75.00</b>	0	110004				BEHAVIORAL HEALTH COUNSELING AND	A40.75	
MDC015	X0100	CLINICIANS 45-60 MINUTES	\$75.00	6	H0004	НО	HS		THERAPY, PER 15 MINUTES	\$18.75	8
		OLUL D. DOVOLUATRIOT INUTIAL							PSYCHIATRIC DIAGNOSTIC INTERVIEW		
		CHILD PSYCHIATRIST INITIAL							EXAMINATION INCLUDING HISTORY,		
		DIAGNOSTIC INTERVIEW INCLUDING	<b>*</b>						MENTAL STATUS, OR DISPOSITION (MAY		
MDC015	X0101	REPORT- 60-90 MINUTES	\$150.00	1	90801				INCLUDE COM	\$150.00	1
									PSYCHOTHERAPY, OFFICE/OUTPATIENT		
		CHILD PSYCHIATRIST INDIVIDUAL							FACILITY, APPROXIMATELY 45 OR 50		
		THERAPY INCLUDING REPORT 45-60		_					MINUTES FACE-TO-FACE WITH THE		_
MDC015	X0102	MINUTES	\$95.00	6	90806				PATIAENT	\$95.00	2
		CHILD PSYCHIATRIST INDIVIDUAL									
		THERAPY WITH MED. MGT20-30		_					COMPREHENSIVE MEDICATION		_
MDC015	X0103	MINUTES	\$60.00	6	H2010				SERVICES, PER 15 MINUTES	\$30.00	2
		FAMILY THERAPY W/O CHILD BY									
		LICENSED PSYCHOLOGIST INCLUDING							FAMILY PSYCHOTHERAPY (WITHOUT THE		_
MDC015	X0104	REPORTS 45-60 MINUTES	\$90.00	6	90846	HP			PATIENT PRESENT)	\$90.00	2
									PSYCHIATRIC DIAGNOSTIC INTERVIEW		
		CHILD PSYCHOLOGIST INITIAL							EXAMINATION INCLUDING HISTORY,		
		DIAGNOSTIC INTERVIEW INCLUDING							MENTAL STATUS, OR DISPOSITION (MAY		
MDC015	X0105	REPORT 60-90 MINUTES	\$125.00	1	90801	HP			INCLUDE COM	\$125.00	1
									PSYCHOTHERAPY, OFFICE/OUTPATIENT		
		CHILD PSYCHOLOGIST INDIVIDUAL							FACILITY, APPROXIMATELY 45 OR 50		
		THERAPY WITH REPORT 40-50	444	, _					MINUTES FACE-TO-FACE WITH THE		_
MDC015	X0106	MINUTES	\$80.00	13	90806	HP			PATIAENT	\$80.00	2
		CHILD PSYCHOLOGIST INDIVIDUAL									
MDC015	X0107	THERAPY WITH REPORT20-30 MINUTES	\$60.00	6					To Be Eliminated		<u> </u>
		CHILD PSYCHOLOGIST GROUP							BEHAVIORAL HEALTH COUNSELING AND		
MDC015	X0108	THERAPY WITH REPORT60-90 MINUTES	\$35.00	13	H0004	HQ	HP		THERAPY, PER 15 MINUTES	\$5.83	8

	Local		Max Alwd	Max	National		MOD	MOD		Max Alwd	Max
Prgm	Code	Local Code Description	Amt	Units		MOD 1	2	3	National Code Description	Amt	Units
rigiii	Oouc	CHILD MENTAL HEALTH SW,NP, MFT,	Aint	Omis	Oouc	IMOD I	_	<b>-</b> -	National Gode Description	Aint	Omis
		LICENSED MENTAL HEALTH				HO or					
		COUNSELOR, INDIVIDUAL DIAG.				TD or			MENTAL HEALTH ASSESSMENT, BY NON-		
MDC015	X0109	INTERVIEW W/ REPORT 60-90	\$100.00	1	H0031	AJ			PHYSICIAN	\$100.00	2
W.B.0010	710100	CHILD MENTAL HEALTH	ψ100.00		110001					Ψ100.00	
		SW/NP,MFT,LICENSED MENTAL HEALTH				HO or					
		COUNSELOR INDIVIDUAL THERAPY				TD or			BEHAVIORAL HEALTH COUNSELING AND		
MDC015	X0110	W/REPORTS 45-60 MINS	\$65.00	13	H0004	AJ			THERAPY, PER 15 MINUTES	\$16.25	8
		NURSE PRACTITIONER INDIVIDUAL							BEHAVIORAL HEALTH COUNSELING AND		
MDC015	X0111	THERAPY W/MED. MGT. 20-30 MINUTES	\$35.00	6	H2010	TD			THERAPY, PER 15 MINUTES	\$17.50	2
		CHILD MENTAL HEALTH SW,NP,MFT,									
		LICENSED MENTAL HEALTH					HO or				
		COUNSELOR GROUP THERAPY					TD or		BEHAVIORAL HEALTH COUNSELING AND		
MDC015	X0112	W/REPORTS 60-90 MINUTES	\$30.00	13	H0004	HQ	AJ		THERAPY, PER 15 MINUTES	\$5.00	8
						HO or			MENTAL HEALTH ASSESSMENT, BY NON-		
MDC020	X0281	SEXUAL ABUSE EVALUATION	\$70.00	14	H0031*	HP			PHYSICIAN	\$70.00	2
		SEXUAL ABUSE INDIVIDUAL AND									
		FAMILY TREATMENT UNIT (50 MIN.					HO or		BEHAVIORAL HEALTH COUNSELING AND		
MDC020	X0282	SESSION)	\$70.00	3	H0004*	HR	HP		THERAPY, PER 15 MINUTES	\$17.50	8
		SEXUAL ABUSE INDIVIDUAL AND									
	\/aaaa	FAMILY TREATMENT UNIT (30 MIN.	405.00						T B E!! ! ! !		
MDC020	X0283	SESSION) SEXUAL ABUSE GROUP TREATMENT	\$35.00	3			110		To Be Eliminated BEHAVIORAL HEALTH COUNSELING AND		-
MDC020	V0204	UNIT (50 MIN. SESSION)	\$35.00	3	H0004*	HQ	HO or HP		THERAPY, PER 15 MINUTES	\$11.66	8
MDC020	AU204	SEXUAL ABUSE GROUP TREATMENT	φ33.00	3	HUUU4	ΠQ	111		THERALT, LETT 13 WIINOTES	φ11.00	0
MDC020	X0285	UNIT (90 MIN. SESSION)	\$70.00	3					Same as code above		
MDC020	70203	DCYF-FAMILY THERAPY W/O CHILD BY	Ψ70.00	3					Carrie as code above		1
		MASTER"S LEVEL LICENSED									
		CLINICIANS INCLUDING REPORTS, 45-							BEHAVIORAL HEALTH COUNSELING AND		
MDC010	X0500	60 MINUTES	\$75.00	6	H0004	HS	НО		THERAPY, PER 15 MINUTES	\$18.75	8
	7.0000		ψ. σ.σσ	Ů					PSYCHIATRIC DIAGNOSTIC INTERVIEW	ψ.σσ	
		DCYF - CHILD PSYCHIATRIST INITIAL							EXAMINATION INCLUDING HISTORY,		
		DIAGNOSTIC INTERVIEW INCLUDING							MENTAL STATUS, OR DISPOSITION (MAY		
MDC010	X0501	REPORT 60-90 MINUTES	\$150.00	1	90801				INCLUDE COM	\$150.00	1
									PSYCHOTHERAPY, OFFICE/OUTPATIENT		
		DCYF - CHILD PSYCHIATRIST							FACILITY, APPROXIMATELY 45 OR 50		
		INDIVIDUAL THERAPY INCLUDING							MINUTES FACE-TO-FACE WITH THE		
MDC010	X0502	REPORT 45-60 MINUTES	\$95.00	6	90806				PATIAENT	\$95.00	2
	_	DCYF- CHILD PSYCHIATRIST									
		INDIVIDUAL THERAPY WITH									
		MEDICATION MANAGEMENT 20-30							COMPREHENSIVE MEDICATION		
MDC010	X0503	MINUTES	\$60.00	6	H2010				SERVICES, PER 15 MINUTES	\$30.00	2

	Local		Max Alwd	Max	National		MOD	MOD		Max Alwd	Max
Prgm	Code	Local Code Description	Amt	Units	Code	MOD 1	2	3	National Code Description	Amt	Units
MDC010	X0504	DCYF FAMILY THERAPY W/O CHILD BY LICENSED PSYCHOLOGIST INCLUDING REPORTS 45-60 MINUTES	\$90.00	6	90846	HP			FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	\$90.00	2
MDC010	X0505	DCYF - CHILD PSYCHOLOGIST INITIAL DIAGNOSTIC INTERVIEW INCLUDING REPORT 60-90 MINUTES	\$125.00	1	90801	НР			PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION INCLUDING HISTORY, MENTAL STATUS, OR DISPOSITION (MAY INCLUDE COM	\$125.00	1
MDC010	X0506	DCYF - CHILD PSYCHOLOGIST - INDIVIDUAL THERAPY WITH REPORT 45- 60 MINUTES	\$80.00	13	90806	HP			PSYCHOTHERAPY, OFFICE/OUTPATIENT FACILITY, APPROXIMATELY 45 OR 50 MINUTES FACE-TO-FACE WITH THE PATIAENT	\$80.00	2
MDC010	X0507	DCYF - CHILD PSYCHOLOGIST - INDIVIDUAL THERAPY WITH REPORT 20- 30 MINUTES DCYF - CHILD PSYCHOLOGIST - GROUP	\$60.00	6					To Be Eliminated		
MDC010	X0508	THERAPY WITH REPORT 60-90 MINUTES	\$35.00	13	H0004	HQ	HP		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$5.83	8
MDC010	X0509	DCYF-CHILD MENTAL HEALTH SW, NP,MFT,LICENSED MENTAL HEALTH COUNSELOR INITIAL DIAGNOSTIC INTERVIEW W/RPT 60-90	\$100.00	1	H0031	HO or TD or AJ			MENTAL HEALTH ASSESSMENT, BY NON- PHYSICIAN	\$100.00	2
MDC010	X0510	DCYF-CHILD MENTAL HEALTH SW, NP,MFT,LICENSED MENTAL HEALTH COUNSELOR INDIVIDUAL THERAPY W/RPTS 45-60 MIN	\$65.00	13	H0004	HO or TD or AJ			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$16.25	8
MDC010		DCYF - NURSE PRACTITIONER INDIVIDUAL THERAPY WITH MEDICATION MANAGEMENT 20-30 MINUTES	\$35.00	6	H2010	TD			COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	\$17.50	2
MDC010	X0512	DCYF- CHILD MENTAL HEALTH SW,NP, MFT,LICENSED MENTAL HEALTH COUNSELOR, GROUP THERAPY WITH REPORTS 60-90 MINUTS	\$30.00	13	H0004	HQ	HO or TD or AJ		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$5.00	8
MDC010	X0513	DIAGNOSTIC ASSESSMENT SERVICES - DCYF LICENSED MASTERS MENTAL HEALTH PROFESSIONAL PER HOUR- REPORT INCLUDED	\$70.00	13	H0031	НО	H9		MENTAL HEALTH ASSESSMENT, BY NON- PHYSICIAN	\$70.00	2
MDC010	X0514	DIAGNOSTIC ASSESSMENT SERVICES- DCYF- PHD PSYCHOLOGIST PER HOUR- REPORT INCLUDED	\$80.00	9	H0031	HP	H9		MENTAL HEALTH ASSESSMENT, BY NON- PHYSICIAN	\$80.00	2

	Local		Max Alwd	Max	National		MOD	MOD		Max Alwd	Max
Prgm	Code	Local Code Description	Amt	Units	Code	MOD 1	2	3	National Code Description	Amt	Units
DCYF	X0515	DIAGNOSTIC ASSESSMENT SERVICES- DCYF-PSYCHIATRIST PER HOUR- COURT ORDERED	\$100.00	2					To Be Eliminated		
MDC010	X0597	DCYF-FAMILY THERAPY WITH CHILD BY LICENSED PSYCHOLOGIST INCLUDING REPORTS 45-60 MINUTES	\$90.00	13	90847	HP			FAMILY PSYCHOTHERAPY (WITH THE PATIENT PRESENT)	\$90.00	2
MDC010		DCYF- FAMILY THERAPIST WITH CHILD BY MASTER'S LEVEL LICENSED CLINICIAN INCLUDING REPORTS 45-60 MINUTES	\$75.00	13	H0004	HR	НО		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$18.75	8
MDC010	X0599	DCYF-CHILD MENTAL HEALTH COUNSELOR/MARRIAGE AND FAMILY THERAPIST - INDIVIDUAL, MINIMUM 15- 20 MINUTE VISIT	\$22.00	3					To Be Eliminated		

<sup>\*</sup>Must Use Diagnosis Code of 995.53 with these claims.

Modifiers	Modifier Description
AH	Clinical Psychologists
AJ	Clinical Social Worker
НО	Master's Level
HP	Doctoral Level
HQ	Group
HR	Family/Couple with Client Present
HS	Family/Couple without Client Present
H9	Court Ordered
TD	Registered Nurse